

**APPLICATION FORM  
RESOURCE CONSERVATION WORKSHOP  
NC STATE UNIVERSITY**

Students Name	(Last)	(First)	(MI)
Address			
Sex: Female _____ Male _____ Age _____			
Name of Parents: _____			
Home Telephone: _____			
Parents' Occupation:			
Mother: _____		Father: _____	
Work Phone #: _____		Work Phone #: _____	
Candidate's Interest in Conservation: _____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
Sponsored by the _____ SWCD			
_____		_____	
Date		District Chairman (original signature)	

**NOTES:**

**STUDENTS:** PLEASE RETURN YOUR COMPLETED APPLICATIONS TO  
LOCAL SWCD OFFICE

**DISTRICTS:** PLEASE FORWARD RECOMMENDED APPLICATIONS TO:  
Alice Caviness  
Moore Soil & Water Conservation District  
P.O. Box 908  
Carthage, NC 28327